

INTERNSHIP CONTRACT

TO STUDENTS: Please fill out this form and attach a signed letter from your internship supervisor with your role and responsibilities. A final reflection paper and a supervisor evaluation will be due at the end of the semester. You can find more details about these requirements here: http://www.newschool.edu/public-engagement/school-of-media-studies-internships-independent-study/

STUDENT NAME (please print):			
	LAST	FIRST	MI
ID#:F	PROGRAM (BA, MA, MS, CCT):		
TERM:C	CREDITS (0 – 3):	TYPE OF CREDIT:ÁWXÚ¦[åˇ &右; } ÁWXSeminai	
TITLE OF INTERNSHIP TO APPEAR ((PLEASE NOTE: ABBREVIATE AS NECESSAR	ON TRANSCRIPT (please print clear Y. TITLE MUST BE NO LONGER THAN 2	ly):	
DESCRIPTION OF INTERNSHIP (As i	t relates to your academic goals): _		
STUDENT SIGNATURE	DATE		
APPROVED BY:			
APPROVED BY:			
DIRECTOR OF STUDENT AFFAIRS SIGNATURE	PRINT OR TYPE NAME	DEPARTMENT	DATE
SCHOOL/PROGRAM CHAIR SIGNATURE	PRINT OR TYPE NAME	DEPARTMENT	DATE

School of Media Studies

79 5th Avenue 16th Floor New York, NY 10003 $\underline{\text{http://www.newschool.edu/public-engagement/school-of-media-studies-internships-independent-study/}$

This form should be filled out and saved with digital signatures. Email this form back to powersr@newschool.edu